



UNITED STATES  
 CONSUMER PRODUCT SAFETY COMMISSION  
 BETHESDA, MD 20814

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 approved and signed.

**BALLOT VOTE SHEET**

**DATE:** August 15, 2017

**TO:** The Commission  
 Todd A. Stevenson, Secretary

**THROUGH:** Mary T. Boyle, General Counsel  
 Patricia H. Adkins, Executive Director

**FROM:** Patricia M. Pollitzer, Assistant General Counsel  
 Hyun S. Kim, Attorney, OGC

**SUBJECT:** Safety Standard Addressing Blade-Contact Injuries on Table Saws;  
 2016 NEISS Table Saw Type Study Status Report

**BALLOT VOTE DUE:** Monday, August 21, 2017

On April 27, 2017, the Commission directed staff to provide a written report by August 15, 2017, regarding table saw blade-contact injuries and type of table saws involved in the incidents reported in the National Electronic Injury Surveillance System (NEISS) between January 1, 2016 and December 31, 2016. Staff provides its report for the Commission's consideration. The Commission also stated that after receiving staff's report, the Commission would determine whether to instruct staff to continue the survey and publish the results in the *Federal Register* for public comment.

Please indicate your vote on the following options:

- I. Direct staff to continue the survey until the survey is completed and publish the results of the completed survey in the *Federal Register* for notice and comment.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

- II. Direct staff to discontinue the survey without publishing the results in the *Federal Register* for notice and comment.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

CPSC Hotline: 1-800-638-CPSC(2772) \* CPSC's Web Site: <http://www.cpsc.gov>

III. Take other action. (Please specify).

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Attachment: Memorandum - 2016 NEISS Table Saw Type Study Status Report (August, 2017)



UNITED STATES  
CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

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approved and signed.

Memorandum

Date: August 15, 2017

TO : The Commission  
Todd Stevenson, Secretariat

THROUGH : Mary T. Boyle, General Counsel  
Patricia H. Adkins, Executive Director  
  
DeWane Ray, Deputy Executive Director

FROM : George Borlase, Ph.D., P.E., Assistant Executive Director  
Office of Hazard Identification and Reduction  
  
Sarah Garland, Ph.D., Mathematical Statistician, Division of Hazard  
Analysis, Directorate for Epidemiology

SUBJECT : 2016 NEISS Table Saw Type Study Status Report\*

## Background

On April 27, 2017, the U.S. Consumer Product Safety Commission (CPSC) held a decisional hearing on a notice of proposed rulemaking (NPR) regarding the safety standard for table saw blade-contact injuries. At the conclusion of the hearing, the Commission voted 4-1 in favor of a motion directing staff to commence the following study:

The Commission directs staff to contact individuals who suffered table saw blade-contact injuries reported in NEISS between January 1, 2016 and December 31, 2016, for the sole purpose of collecting objective information regarding the type of table saw involved in the incidents. Staff will provide the Commission a written report on the status of the project, no later than August 15, 2017, which shall include, but shall not be limited to, a report on (1) the number of individuals for whom staff has obtained contact information from NEISS hospitals; (2) the number of individuals staff has successfully contacted; and (3) a summary of the information received from these individuals. After receipt of staff's written report, the Commission will determine whether to instruct staff to continue the survey and publish the results in the Federal Register for notice and comment.

This memorandum constitutes the status report on the 2016 table saw study requested by the Commission.

\*This analysis was prepared by CPSC staff. It has not been reviewed or approved by, and may not necessarily reflect the views of, the Commission.

## Study Status as of July 12, 2017

### *Study Scope*

There is a product code specific for table saws in the NEISS (0841); however, hospital coders can only use this code if the patient used the words “table saw” and the words “table saw” were recorded in the hospital record. If a less-specific description is used, then a less-specific product code is used, either 0845 (saws, not specified) or 0895 (power saws, other or not specified). Cases using less-specific product codes could include table saws, although the proportion of table saw cases may be small within 0845 and 0895. Nevertheless, all cases required review and investigation, or both, to discover whether the case involved a table saw, and to obtain accurate estimates of injuries related to table saws. Thus, staff set the scope of the study to review all cases with the product codes 0841, 0845, and 0895. This covered 1,260 cases that occurred from January 1, 2016 through December 31, 2016.

The goal of the study is to collect “objective information” about the table saw type for blade-contact table saw cases. The 2016 special study is an abbreviated version of the concurrently running 2017 special study, where the objective of the 2017 study is to gather information not only about the type of saw involved, but also the incident scenario and injury, whenever possible. The 2016 study was set up to collect objective information about the type of table saw involved in the incident. For purposes of the study, CPSC staff defined “objective information” as information about the manufacturer and model of the table saw or a picture of the table saw.

### *Eligible Study Cases*

There were 1,260 cases identified in the NEISS, with treatment dates between January 1, 2016 and December 31, 2016, with the product codes 0841, 0845, and 0895. Table 1 provides the product code breakdown for cases with any of the three product codes in the 2016 treatment timeframe.

**Table 1: NEISS Product Codes for Scope of Table Saw Studies**

<b>Product Code</b>	<b>Number of Cases</b>
<i>0841 (Table Saws)</i>	708
<i>0845 (Saws, not specified)</i>	308
<i>0895 (Power Saws, other or not specified)</i>	244
<b>Total</b>	<b>1,260</b>

Not all of these cases were considered eligible for an in-depth investigation. Not all of the NEISS hospitals participate in providing contact information for cases they have submitted. Accordingly, cases had to be removed as eligible study cases because CPSC cannot follow up where no contact information is provided. There were 200 cases from these non-participating hospitals (Table 2); thus, 200 cases were excluded from the possibility of a follow-up investigation.

**Table 2: Case Distribution for Victim-Contact Participating NEISS Hospitals**

<b>Case From a Participating Hospital</b>	<b>Number of Cases</b>
<i>No</i>	200
<i>Yes</i>	1,060
<b>Total</b>	<b>1,260</b>

Once the cases from non-participating hospitals were removed, CPSC staff reviewed all cases and removed those that were not table saws or that were not table saw blade contact related. CPSC staff completed this step by reviewing each of the remaining 1,060 NEISS cases and removing any cases that indicated no table saw was involved (*e.g.*, cases indicating the victim was trimming a tree) or where no blade contact occurred (*e.g.*, corneal abrasions due to debris while using a table saw). This left 834 cases eligible for assignment (Table 3); that is, 834 cases where the case came from a hospital that could provide contact information, the emergency department visit could have involved a table saw blade contact, and where additional information was needed (through an investigation) to determine more specific, objective product information.

**Table 3: Eligible Cases Distribution**

<b>Case Eligible for Assignment (based on staff case review)</b>	<b>Number of Cases</b>
<i>No</i>	226
<i>Yes</i>	834
<b>Total</b>	<b>1,060</b>

*Field Investigations Requested as of July 12, 2017*

Any NEISS case going to CPSC's Field staff for investigation follows a standard process, which applied to all 834 eligible cases in this 2016 study. For each case, the steps are:

- (1) Subject matter experts request an investigation for any case they determined needs follow up.
- (2) The request goes through Directorate for Epidemiology, Division of Data Systems (EPDS), who assigns the case an investigation number, which initiates the request to the hospital to provide contact information.
- (3) The hospital coders respond with contact information or with a response that contact information is unavailable.
- (4) If contact information is provided, EPDS processes the assignment to Field staff to complete the investigation. If no contact information is provided by the hospital, the investigation is terminated and not sent to the Field.
- (5) Investigations that are received by Field staff can result in one of two outcomes:
  - a. Terminated: This occurs when contact could not be made with the victim or the victim refuses the investigation.
  - b. Completed: An investigation is completed by Field Staff and reviewed by EPDS staff for completion criteria.

Table 4 breaks down the status of each case (as of July 12, 2017) for the 2016 study. Of the 834 cases, 169 cases had treatment dates between January 1, 2016 and March 31, 2016, which are the dates determined by staff as the beginning set of cases for assignment in this study. This period was selected to support qualitative comparisons of responses and response rate to the same period in the 2017 study. As of the date of this memorandum, CPSC Field staff is actively working on 42 assignments from this study, and staff has attempted 22 more without making successful contact with the victim (see Table 4). Because the Field could only accommodate around 20 of these cases per week, no additional cases have been requested as of July 12, 2017. Additional investigation requests are generated on a weekly basis to accommodate the resources available for the study. Additional information and evaluation on the implications of this restraint are provided in the following section, *Staff Evaluation and Recommendation*.

The percentages provided in Table 4 are the distribution of the current case statuses, but do not reflect the current response rate. To understand the current response rate, only cases that have a final status (no contact information available, terminated, and completed) should be used in calculations of the response rate. The response rate is the number of completed cases divided by the total number of cases (only those cases in the final status); thus, the response rate as of July 12, 2017, is 17 percent.<sup>1</sup> For the evaluation and implications of this response rate, see the following section, *Staff Evaluation and Recommendation*.

**Table 4: Status of Cases with Investigation Requests as of July 12, 2017**

Status	Number of Cases	Percent of Total
<b>Contact Information</b>		
<i>Waiting for Contact Information Requested From Hospital</i> <sup>†</sup>	39	23%
<i>No Contact Information Available</i>	50	30%
<b>Assigned to Field Staff</b>		
<i>Currently Assigned to Field Staff</i> *	42	25%
<i>Terminated by Field Staff</i>	22	13%
<b>Compiled Investigation Returned to EXHR</b>		
<i>In EPDS Review for Completion Criteria</i> **	1	1%
<i>Completed Investigation</i>	15	9%
<b>Total</b>	<b>169</b>	<b>100%</b>

<sup>†</sup>These cases will end up in the category of “No Contact Information Available” or “Assigned to Field Staff.”

\*Each of these cases will end up in the “Terminated” or “Completed” category.

\*\*This case will likely end up in the “Completed” category; however, that does not mean it is a table saw case or that the type of table saw will be identifiable if it is a table saw.

<sup>1</sup>  $response\ rate = \frac{15}{50+22+15} = \frac{15}{87} = 0.172$

“Terminated” investigations can occur for a number of reasons. In this case, the older table saw study-related injury NEISS data made gaining consumer cooperation more difficult.

Investigators sent letters, made telephone calls, and knocked on doors, whenever practical, to contact possible victims and to gain their cooperation. Due to the time lag from incident date to investigation assignment for the 2016 incidents, staff found that the consumer identification and contact information may have changed. Investigators made every effort and spent significant time using various public database tools to find updated information. In the cases where consumers were eventually reached by telephone, staff found that some consumers were reluctant to discuss the incident because they were unsure of the investigator’s credentials. Staff found that some consumers simply hung up.

When consumers agreed to talk with investigators, few offered significant information. The consumer has already discussed the incident with emergency rescuers, hospital personnel, and insurance carriers. Some consumers may have felt guilty that they contributed to the situation, and they may be suffering from a long-term injury.

Victims often told investigators they do not want to discuss the incident, stating that it was in the past and they want to move forward. Some victims said they “want to forget it,” “they are embarrassed they made a mistake,” “it was my own stupidity,” or “it happened so fast and I really don’t remember anything.” Although Field investigators are adept at getting past these comments and emotional statements, the time lag exacerbated the problem.

Staff found that most of the consumers no longer have the product. Consumers reported that they were afraid to use it again, their spouses made them get rid of it, or they did not want the product around to remind them of the incident. In some cases, the product had been passed down through the generations from grandfather to father to son, or no one can remember the manufacturer or model details.

#### *Results of the 15 Completed IDIs as of July 12, 2017*

As of July 12, 2017, there are 15 completed 2016 study investigations which have been reviewed by CPSC subject matter experts to classify the product involved, and if a table saw was involved, the type of table saw. Of these 15, three investigations indicate that the product in use at the time of the injury was not a table saw (one power grinder, one band saw, and one manual hand saw). Of the remaining 12 cases that do indicate the injury was associated with a table saw, one injury was an occupational injury; thus, is out of scope for the NEISS special study. For the 11 remaining cases, all were table saws. Table 5 breaks down the table saw type, as determined by CPSC subject matter experts, based on only objective information provided in the investigation regarding the table saw.

**Table 5: Table Saw Type for 11 Completed Cases as of July 12, 2017**

<b>Table Saw Type</b>	<b>Number of Cases</b>
<i>Bench</i>	3
<i>Contractor</i>	2
<i>Cabinet</i>	0
<i>Unknown<sup>2</sup></i>	6
<b>Total</b>	<b>11</b>

## Staff Evaluation and Recommendation

### *Response Rate Evaluation*

Table 6 compares the response rate from January through March 2016 to the same period for the 2017 study, using only finalized statuses (terminated, no contact information available, and completed). Note: The 2016 study has a much larger number of cases still in process than the 2017 study for the same timeframe because the 2017 study is investigating as the cases are submitted to the NEISS, which generally occurs shortly after the treatment day.

**Table 6: Response Rates Comparisons (2016 versus 2017) for Final Status Investigations (January through March) as of July 12, 2017**

<b>Status (Final Statuses Only)</b>	<b>Jan.-Mar. 2017 Response Percentages</b>	<b>Jan.-Mar. 2016 Response Percentages**</b>
<i>No Contact Information Available</i>	22%	57%
<i>Terminated</i>	44%	25%
<i>Completed Investigation*</i>	34%	17%

\* Response Rate for January through March cases, as of July 12, 2017.

\*\* These proportions will vary as current open-status investigations continue through the process.

The availability of contact information is markedly lower a year after the incident occurred. Although there are 39 in-process contact information requests from hospitals for the January-March timeframe for 2016 compared to 2017, CPSC staff expects the “no contact information available” category to remain a high proportion for the 2016 study.

The proportion of “unknown” table saw types in the 2016 study is high (Table 5), because the investigation results did not contain objective data concerning the table saw past the manufacturer or brand information (*i.e.*, no available pictures of the saw or data for the model of saw); thus, CPSC subject matter experts cannot determine the type of table saw involved. While reviewed cases as of July 12, 2017 for the 2017 study have 7 percent “unknown” table saw type

<sup>2</sup> For the six “unknown” types of table saws, the investigation contains manufacturer or brand information, but not model information. The manufacturers/brands identified have multiple types of table saws. The investigations did not contain pictures of the table saw involved. Thus, subject matter experts could not determine the type of table saw involved in these six cases.

cases, the 2016 study has 55 percent “unknown” table saw type cases as of July 12, 2017. Although there are few completed cases from 2016, the overall nonresponse rate is high, with no evidence to suggest that this will change if the study continues; and the cases with insufficient objective information to classify the type of saw are expected to remain high.

If this high “unknown” rate for table saw type continues, and for other mathematical reasons (including differing nonresponse biases across the two study years, seen in the high proportion of “no contact information available” in Table 6), any results from the 2016 study are likely not combinable with the ongoing 2017 special study.

### *Timeline Evaluation*

As of July 12, 2017, CPSC Field staff could only accommodate approximately 20 of the 2016 special study cases per week at the current resource allocation without removing resources from the 2017 study, which would adversely affect the results of that study. Staff notes that this may change as time progresses. Thus, even if contact information was being obtained at a much higher rate, the last investigation request for the 2016 study would likely be several months *after* the final request for the 2017 study, because the final request for investigation for the 2017 study will be made in January 2018. The 2017 special study results should be available before the 2016 study results by a matter of several weeks and/or months.

### *Staff Recommendation*

The 2016 special study results indicate that for emergency department visits in 2016 gathered so far, there is a low rate of contacting victims and determining the table saw type in successful contacts. CPSC staff recommends that the Commission vote to discontinue work on the 2016 special study. Staff continues to work on the 2017 special study as emergency department visits are reported to inform future rulemaking decisions for table saws.